PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

1084919_3

CLAIMS AS FILED - PART I								SMALL I	ENTITY		OTHE	R THAN
(Column 1) (Column 2)								TYPE		OR		ENTITY
TOTAL CLAIMS			59			:		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	IUMBER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			59 minus 20=		.39			XS 9=		OR	X\$1.8=	702
INDEPENDENT CLAIMS				inus 3 =	<u>ئ</u>	3		X43=		OR	X86=	258
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	1	OR	+290=	
• [the difference	e in column 1 is	less than zero, enter "0" in colu			column 2		TOTAL	 	OR	TOTAL	1720
CLAIMS AS AMENDED - PART II											OTHER	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<u></u>	RATE	ADDI- TIONAL FEE
	Total	· 28	Minus	-5	<u>}</u>	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	NTATION OF M	Minus	PENDENT	CI AIM	=/		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=/	
								TOTAL		OR	TOTAL	
		A	DDIT. FEE.		, ,	ADDIT. FEE						
		(Column 1) CLAIMS		(Calum		(Column 3)	ìr		4001	F		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	LIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
•								TOTAL		OR .	TOTAL	
								ODIT: FEE		UR A	ODIT. FEEL	
_		(Column 1) CLAIMS		(Columi		(Column 3)	· <u>·</u>			•]
AMENDMENT C	•	REMAINING AFTER AMENDMENT	·	NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	┢	X43=			V96-	
<u>`</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·	^43=		OR	X86=	
- 			•				Ŀ	+145=		OR	+290=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE												
T	nie rugnest Numi he "Highest Numi	nber Previously Paid ber Previously Paid	For (Total or	SPACE is I	ess than I) is the I	3, enter *3.* highest number			opriate box.			